



## SPANISH ACADEMY 2011 - 2012



Our Activities



Our Teachers



Our Kids



Our Way



Our Dedication



Our Commitment

Canyon Charter School - Grades Kinder-5<sup>th</sup>

**INFORMATION / REGISTRATION PACKET**  
**Due by Tuesday, November 3th**

*\*Classes start on Tuesday,  
November 8<sup>th</sup>, 2011*

*Selected as a “Model Educational Program” for the country  
by the White House and the U.S. Department of Education”*

## The **STAR SPANISH** Program

- Does not require prior knowledge of Spanish
- Is designed for Kindergarten – Fifth Graders
- Accommodates all levels - the total Beginner, those who have had some Spanish at home and native speakers
- Works towards conversation through games and project-based activities

## **STAR Spanish Teachers**

- Are professionals and native speakers
- Make learning dynamic and interactive
- Develop cultural awareness through songs and games
- Impart tools for listening, learning and speaking a foreign language
- Use role-playing and real life situations that make Spanish come alive

## **STAR Spanish Staff**

- Set goals for each classroom
- Monitor student progress
- Hold weekly Teacher Curriculum Tutorials and Student Reviews

## **STAR Spanish Parents** stay involved through:

- Meetings
- Trimester evaluation reports
- Parent-teacher conferences
- E-mail blasts
- Class observation

**Students will be placed in various classes according to STAR  
language skills assessment at the beginning of the year**

**STAR LANGUAGE ACADEMY CONTRACT 2011-2012**

STAR, Inc. is a charitable 501(c)(3) non-profit education organization serving kids, families, schools and communities

CHILD'S NAME: \_\_\_\_\_ Permit: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M\_\_\_\_ F\_\_\_\_ Home Language: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Home E-Mail Address: \_\_\_\_\_

**Parent/Guardian1** Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Guardian 1 Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone#: \_\_\_\_\_ Work E-Mail Address: \_\_\_\_\_

**Parent/Guardian2** Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Guardian 2 Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone#: \_\_\_\_\_ Work E-Mail Address: \_\_\_\_\_

<b>Please Indicate Ethnicity</b> (optional)			
American Indian/Alaskan Native	Asian	Hispanic	Black (not of Hispanic origin)
White (not of Hispanic origin)	Filipino	Pacific Islander	Other _____

**STAR POLICIES: PHOTOGRAPHY, VIDEO CONSENT, BEHAVIOR AND MEDICAL INFORMATION**

**PHOTOGRAPHY, VIDEO CONSENT**

Occasionally STAR will use a student's photograph and/or film/video for promotional purposes of the organization.

**If you do not want STAR to use your student's photograph and/or film/video for promotional purposes of the organization please check this box.**

**BEHAVIOR**

STAR Education reserves the right to dismiss students whose behavior proves disruptive to other participants. In such cases a consultation will be held with all relevant parties before any action is taken. No refund will be offered in such cases

**EMERGENCY**

In case of actual emergency STAR will make every effort to contact the parents of the child involved before any treatment is administered; however in the event we are unable to make contact with you, the parents, we require this medical release to be signed by all participants.

**I HEREBY AUTHORIZE THE PHYSICIAN OR HOSPITAL SELECTED BY STAR TO HOSPITALIZE OR SECURE TREATMENT FOR AND TO ORDER INJECTION, ANAESTHESIA, AND/OR SURGERY FOR MY CHILD.**

CHILD'S NAME: \_\_\_\_\_

Any known allergies? \_\_\_\_\_

Physicians name: \_\_\_\_\_ ph# \_\_\_\_\_

PARENTS SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_



SPANISH ACADEMY (310) 842-8040 x 118 - (310) 678-8281 – lucyl@starinc.org – pablot@starinc.org

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S.T.A.R. Inc. [“STAR”] a 501(c)(3) non-profit organization  
 LANGUAGE DEPARTMENT TUITION CONTRACT 2011-2012

**CONFIDENTIALITY**

STAR is committed to keeping personal family information confidential. We will only release information to parents/guardians. If parents/guardians wish any information shared, they must give STAR permission in writing.

**RELEASE OF LIABILITY**

I hereby agree to hold harmless STAR, Inc, STAR Staff, Directors, Administrators and Members of the Board of Directors from any liability related to any and all STAR activities and programs. I hereby acknowledge the existence of the implied risk associated with all programs for children and the areas where such activities and programs take place.

**AFTER STAR CLASSES**

Please be on time to pick up your child because STAR is not responsible for your child before and after class. We will release first to fifth graders to yard. Kindergarteners will be taken to the STAR room.

I HAVE READ AND UNDERSTOOD ALL THE INFORMATION INCLUDED IN THIS CONTRACT AND BY SIGNING, I AGREE TO ADHERE TO THE TERMS OF THIS CONTRACT. IT IS FURTHER UNDERSTOOD THAT POLICIES AND TERMS OF THIS CONTRACT MAY BE CHANGED AND AMENDED, AND, THAT I SHALL BE INFORMED IN WRITING OF SUCH CHANGES WITH A 30 DAY NOTICE. I HAVE RECEIVED A COPY OF THIS CONTRACT.

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Did you remember to,.....**

- Enclose your check (Registration and Tuition)
- Fill out all emergency information?
- Turn in this packet on or before 11/03/11



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CHILD'S NAME: \_\_\_\_\_ GRADE: (Fall 2011) \_\_\_\_\_

**PAYMENT AND REGISTRATION**

**Packet must be submitted to reserve space. (50% Tuition Due By: 11/03/11)**

Session	Full Year Tuition	Day	Times
Kindergarten	\$ 560.00	TUE & TH	1:00 – 1:50 pm
First – Second Grades	\$ 590.00	TUE & TH	2:00 – 3:00 pm
Third – Fifth Grades	\$ 590.00	TUE & TH	3:05 – 4:05 pm

**Registration Fee plus 50% Tuition due by 11/03/11**

**Tuition balance due November 21st, 2011**

**SCHOLARSHIPS/SLIDING SCALE PAYMENT PROGRAM** - STAR is a 501(c)(3) non-profit organization, which prides itself on providing accessible childcare for everyone. If you are not able to meet all of the expenses, we may offer scholarships on a sliding scale basis. Ask your STAR director for a scholarship application. Remember, all information given to us is confidential and we expect recipients to keep any scholarship awarded confidential as well.

**REFUND AND CANCELLATION POLICY**

Registration fee is non refundable. **Tuition is non refundable after November 21st** (no exception)

**I HAVE READ AND UNDERSTOOD ALL THE INFORMATION INCLUDED IN THIS CONTRACT AND BY SIGNING, I AGREE TO ADHERE TO THE TERMS OF THIS CONTRACT. IT IS FURTHER UNDERSTOOD THAT POLICIES AND TERMS OF THIS CONTRACT MAY BE CHANGED AND AMENDED AND THAT I SHALL BE INFORMED IN WRITING OF SUCH CHANGES 5 BUSSINESS DAYS NOTICE BEFORE THE STARTING DATE. I HAVE RECEIVED A COPY OF THIS CONTRACT.**

Parent/Guardian Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

